

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-MAR-2015		2. ADDRESS OF OCCURRENCE 4931 W MONROE ST, Apt 2 CHICAGO, IL 60644		3. LOCATION CODE 090		4. BEAT/OCCUR 1533	
5. POSITION 9161		6. LAST NAME NAJM		7. FIRST NAME SEAN M		8. STAR NO. 5088	
9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT 600	
13. WT 220		14. DATE OF APPT. 27-NOV-2006		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 1162E	
17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. MEMBER IN LIFORM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20. LAST NAME DAVIS		21. FIRST NAME KEITH		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
24. RACE BLK		25. D.O.B. [REDACTED]		26. HT 510		27. WT 240	
28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED/HANDS/FISTS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL		34. BY WHOM? ATTENDING PHYSICIAN		35. CONDITION <input checked="" type="checkbox"/> Apparently Normal <input type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized <input type="checkbox"/> Under Influence <input type="checkbox"/> Refused Medical Aid	
36. CHARGE PLACED ***** PLEASE SEE NEXT PAGE *****		37. CB NO. 19081184		38. DNA <input type="checkbox"/>		39. DNA <input type="checkbox"/>	
35. REASON FOR USE OF FORCE (Check all that apply)		SUBJECT'S ACTIONS		MEMBER'S RESPONSE			
PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT/ASSAULT		ASSAULT/BATTERY	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>		KICKS <input type="checkbox"/>	
ESCORT MOVER <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 43) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 43) <input type="checkbox"/>	
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>					
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>					
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Display) <input type="checkbox"/>					
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		OTHER <input type="checkbox"/>					
OTHER <input type="checkbox"/>							
39. DNA <input checked="" type="checkbox"/>		40. ADDITIONAL INFORMATION					
POSITION		STAR NO.		UNIT			
41. WEAPON TYPE		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		44. WEATHER CONDITIONS	
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL		<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR	
<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH	
<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		48. CALIBER/GAUGE		49. TASER DART ID NO.		50. WEAPON SERIAL NO. (Include Letters)	
		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.	
54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	
58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		64. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		65. DID MEMBER USE SIGHTS	
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		69. POSITION OF MEMBER DISCHARGING WEAPON	
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
70. CASE INFO.		71. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		72. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		73. REPORTING MEMBER (Print Name)	
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		SIGNATURE	
NAJIM, SEAN M		SAJDAK, JAMES B		1058		[REDACTED]	
19-MAR-2015 19:46:54		DATE REVIEWED		TIME		19-MAR-2015 19:49:59	
75. SIGNATURES		76. SIGNATURE		77. SIGNATURE		78. SIGNATURE	

1076808

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SUBJECT  
INFORMATION

36 CHARGES PLACED

☐ DNA

720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720  
ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 570.0/402-A-1

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

R/Lt. is unable to interview the offender due to he is currently at Mt. Sinai Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the review of all the reports and information available at this time, R/Lt. finds the officer's actions were within Department guidelines and consistent with the Use of Force Model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO JCRND \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HELWINK MASTERS, DANY J

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

19-MAR-2015 19:55:20

79. TOTAL TRIP'S THIS EVENT No.

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